

January 11, 2002

**INTERIM GUIDANCE ON VHA'S IMPLEMENTATION OF THE MEANS TEST
APPOINTMENT BLOCKING SOFTWARE**

1. PURPOSE: This Veterans Health Administration (VHA) Directive outlines interim departmental policy for blocking the scheduling of outpatient appointments for any veteran who is in an expired means test status.

2. BACKGROUND: Public Law 99-272, the Consolidated Omnibus Budget Reconciliation Act of 1985, authorized VA to determine whether certain veterans are able to defray the expenses of needed medical care. As a result of this law, VHA implemented a financial test, referred to as the Means Test. Veterans who complete a means test and who are unable to defray the expenses of medical care are not required to pay a medical care co-payment. However, a new means test must be completed each year to determine if they are still financially unable to defray the expenses of medical care. If a new means test is not completed, the veteran's enrollment priority status cannot be established and consequently, the veteran is placed in a non-enrolled status. The number of veterans who are in a non-enrolled status due to the lack of a valid means test is approximately 800,000. In the past, VHA has continued to allow these veterans to receive medical care even though they do not have a valid means test on file. To ensure VHA obtains a valid means test, a software solution has been developed that will prevent health care facilities from scheduling future appointments for any veteran in an expired means test status. Before an appointment can be scheduled, any veteran who has an expired means test will be required to update their means test information.

3. POLICY: It is VHA policy that a complete means test will be obtained for any veteran who is required to furnish such information.

4. ACTION: VA medical center Directors are responsible for ensuring that the following actions are implemented.

a. Each veteran will be mailed a Means Test Renewal Letter (see Att. A) and VA Form 10-10EZ, Application for Health Benefits, 60 days prior to the veteran's means test anniversary date informing the veteran that the veteran's means test is due to expire and requesting that it be renewed. This letter and VA Form 10-10EZ are to be locally printed.

b. If the means test is not renewed, a reminder letter and VA Form 10-10EZ will be locally printed 40 days prior to the means test anniversary date. This letter is included as Attachment B.

c. If the means test is not renewed 20 days prior to the means test anniversary date, the computer will generate a local message so that VA health care facility staff may initiate telephone follow-up with the veteran.

d. If the means test is not renewed by the means test anniversary date, a letter (see Att. C) must be locally generated and mailed to the veteran notifying the veteran that VA is unable to schedule the veteran for future care of the veteran's non-service connected conditions until a new means test has been completed and returned to a VA health care facility.

THIS VHA DIRECTIVE EXPIRES JANUARY 31, 2007

VHA DIRECTIVE 2002-001
January 11, 2002

5. REFERENCES: Title 38 United States Code 1722, Determination of inability to defray necessary expenses; income thresholds.

6. FOLLOW-UP RESPONSIBILITY: The Director, Health Administration Services (10C3), is responsible for the content of this VHA directive.

7. RESCISSIONS: None. This VHA Directive Expires January 31, 2007.

Thomas L. Garthwaite, M.D.
Under Secretary for Health

Attachments

DISTRIBUTION: CO: E-mailed 1/15/2002
FLD: VISN, MA, DO, OC, OCRO, and 200 – E-mailed 12/15/2001

ATTACHMENT A

SAMPLE OF A MEANS TEST RENEWAL LETTER

[Facility Name]
[Address Line 1]
[City, State, Zip]

[Current Date]

[Veteran's Name]
[Street Address]
[City, State, Zip]

MEANS TEST ANNIVERSARY DATE: [Anniversary Date]

Dear [Title] [Veteran's Last Name]:

Each year the VA requires non-service connected veterans and 0% service connected veterans to complete a financial assessment (means test). Our records show that your annual means test is due [Anniversary Date].

1. What Does This Mean To You?

- a. The means test you completed last year exempted you from co-payments for health care provided for your non-service connected conditions.
- b. Failure to complete the means test by the anniversary date will prevent us from being able to schedule you for any future care for your non-service connected conditions.

2. What Do You Need To Do?

- a. Complete and sign the Financial Assessment portion of the enclosed VA Form 10-10EZ, Application for Health Benefits, reporting income and assets for the previous calendar year.
- b. Return the completed and signed form in the enclosed envelope before your means test anniversary date.
- c. When you report to your next health care appointment, bring your health insurance card so we may update your health insurance information.
- d. Notify us if you feel you received this letter in error.

3. What If You Have Questions? If you have any questions or need assistance in the completion of the information requested, please contact the ____ [Facility Name] ____ Business Office at ____ (telephone number) ____ between 8:00am and 4:00 m Monday through Friday.

Thank you for your assistance and cooperation

Sincerely,

Chief, Health Administration Service, or equivalent

Enclosure

ATTACHMENT B

SAMPLE OF LETTER REMINDING THE VETERAN A NEW MEANS TEST MUST BE COMPLETED AND RETURNED TO A VA HEALTH CARE FACILITY.

[Facility Name]
[Address Line 1]
[City, State, Zip]

[Current Date]

[Veteran's Name]
[Street Address]
[City, State, Zip]

MEANS TEST ANNIVERSARY DATE: [Anniversary Date]

Dear [Title] [Veteran's Last Name]:

Each year the VA requires non-service connected veterans and 0% service connected veterans to complete a financial assessment (means test). Our records show that your annual means test is due [Anniversary Date].

As of this date we have not received the updated financial income information we requested in a previous letter.

1. What Does This Mean To You?

- a. The means test you completed last year **exempted** you from co-payments for health care provided for your non-service connected conditions.
- b. Failure to complete the means test by the anniversary date will prevent us from being able to schedule you for any future care for your non-service connected conditions.

2. What Do You Need To Do?

- a. Complete and sign the enclosed Financial Assessment portion of the enclosed VA Form 10-10EZ, Application for Health Benefits, reporting income and assets for the previous calendar year.
- b. Return the completed and signed form in the enclosed envelope before your means test anniversary date.
- c. When you report to your next health care appointment, bring your health insurance card so we may update your health insurance information.
- d. Notify us if you feel you received this letter in error.

3. What If You Have Questions? If you have any questions or need assistance in the completion of the information requested please contact the _____[Facility Name]_____ Business Office at ____ (telephone number) _____ between 8:00am and 4:00 m Monday through Friday.

Thank you for your assistance and cooperation.

Sincerely,

Chief, Health Administration Service, or equivalent

Enclosure

ATTACHMENT C

**SAMPLE OF LETTER NOTIFYING THE VETERAN THAT THE DEPARTMENT OF
VETERANS AFFAIRS (VA) IS UNABLE TO SCHEDULE FUTURE CARE OF NON-SERVICE
CONNECTED CONDITIONS UNTIL A NEW MEANS TEST HAS BEEN COMPLETED AND
RETURNED TO A VA HEALTH CARE FACILITY.**

[Facility Name]
[Address Line 1]
[City State Zip]

[Current Date]

[Veteran or Patient Name]
[Street Address]
[City, State, Zip]

MEANS TEST ANNIVERSARY DATE: [Anniversary Date]

Dear [Title] [Veteran's Last Name]:

According to our records you have not responded to our previous requests to complete the financial section of VA Form 10-10EZ, Application for Health Benefits. This is to inform you that your current financial assessment (means test) has expired.

1. How Does This Affect Your Eligibility for Cost Free Care?

a. We do not have a current means test for you on file as is required to determine your eligibility for cost-free care.

b. We are unable to schedule you for future care of your non-service connected conditions.

2. How Does This Affect Your Enrollment? We are unable to determine your priority for enrollment in the VA health care system.

3. What Do You Need to Do? Complete, sign and return a new VA Form 10-10EZ, including the financial section.

4. What If You Have Questions? If you have any questions or feel that receipt of this letter is in error, please contact __ (name __ at ____ (telephone number ____)) or call the VA Health Benefits Service Center toll free 1-877-222-VETS.

Sincerely,

Chief, Health Administration Service, or equivalent

Enclosure